



Subject Access Request Form

Note:

- 1. A Copy of the requestors/relevant person(s) identification must accompany this Subject Access Request form
- 2. If a request is repeatedly made and considered excessive or where more than one copy is sought, a fee may apply.

Who are you?

Full Name:

Is the person named above the applicant/student? Yes No If not, please state which party to the application you are:

SUSI Reference number:

If we need to contact you to clarify some or all of your request, please provide an email address or telephone number that we can contact you on:

Please specify how you would like these documents returned to you: By post By email

Is the document you are requesting an original copy e.g. an original birth certificate? Yes No

Have you attached/enclosed a copy of your passport, PSC, driving licence or student card for verification purposes? Yes No

What are you requesting?

If you require a copy of a specific document you have either received from SUSI or have submitted to us as part of a grant application, please explain in as much detail as possible what it is you require:
.....
.....
.....

Can you specify approximately when you received/submitted the item referred to above and state the academic year it relates to?

If you do not have a specific request but would instead rather receive documentation relating to any of the below, please tick the relevant box writing beside it the dates/academic year applicable:

Application Form: Yes No Academic year: _____

Letters/emails: Yes No Academic year: _____

Telephone contact records: Yes No Academic year: _____

Telephone recordings: Yes No Academic year: _____

Evidence submitted by you to SUSI: Yes No Academic year: _____



***It is important to note that if you are requesting an application form, documentation that we requested from your parent/spouse or anything that may contain information relating to another person who is not you, SUSI will need their permission to release this information to you. In this case, the parties to your application e.g. parents/spouse, should complete the form on page 3 of this document. If we fail to receive this completed form with identification, we will release the documentation to you in a redacted format i.e. with the information that does not relate to you blacked out so it is illegible.

I,, wish to make a subject access request under Article 15 of the General Data Protection Regulation (GDPR) for a copy of the information referred to and requested above that SUSI keeps about me, on computer or in manual form in relation to documentation specified above.

Signed:

Date:.....

Please return this form and a copy of official identity to;

Compliance Officer
SUSI
PO Box 869
Togher
Co Cork

Alternatively, this form and a copy of identity can be emailed to sar@susi.ie



To be completed by parties to applications who wish for their data to be released to the person named above.

The purpose of this form is to give explicit consent, if you are happy to do so, to the release of your data obtained as part of the student grant application process to the person named above. If you are satisfied that the person named above has a legitimate reason for receiving same and that you are happy for your data to be released under their request, please complete the below:

Party Name 1 (e.g. spouse/parent/guardian):

Address:

.....
.....

SUSI reference number:

Documents to be released that relate to you e.g. a completed application form, tax documents you submitted as evidence for their application for student grant funding:

.....
.....

If you are not happy for documentation relating to you, including income details etc., to be released to the person named above and instead would like them sent directly to you, please enter your email address or postal address here:

.....
.....

I,, am satisfied that the person named on Page 1 is the applicant of a student grant and has made a subject access request under Article 15 of the General Data Protection Regulation (GDPR) for a copy of the information referred to and requested above that SUSI keeps about me, on computer or in manual form in relation to documentation specified above. I am happy for this information to be released to the person named on Page 1 in execution of their subject access request.

Signed:

Date:.....

Name of Party 2 (parent/guardian):

Address:

.....
.....

SUSI reference number:

Documents to be released that relate to you e.g. a completed application form, tax documents you



submitted as evidence for their application for student grant funding:

.....
.....

If you are not happy for documentation relating to you, including income details etc., to be released to the person named above and instead would like them sent directly to you, please enter your email address or postal address here:

.....
.....

I,, am satisfied that the person named on Page 1 is the applicant of a student grant and has made a subject access request under Article 15 of the General Data Protection Regulation (GDPR) for a copy of the information referred to and requested above that SUSI keeps about me, on computer or in manual form in relation to documentation specified above. I am happy for this information to be released to the person named on Page 1 in execution of their subject access request.

Signed:

Date:.....

SAR Application Checklist

- Have you completed the Subject Access Request form in full, giving as much detail as possible to help us locate the data you require?
- Have you signed and dated the SAR Form?
- Have you included photographic ID?
- If you are requesting data that relates to a party to your application, has that person/people completed and signed the section relating to parties to the applicant (where necessary)?